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Evaluation of a nursing residency program

Michele Marie Bird

EVALUATION OF A NURSING RESIDENCY PROGRAM

A Thesis

Presented to the

Faculty of

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San Bernardino

In Partial Fulfillment

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Master of Science

in

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ABSTRACT

Recruitment and retention of professional nurses are crucial issues for hospital departments of nursing. Recognizing the necessity to bridge the gap that persistents between nursing education and nursing services, hospitals have designed programs to assist new nurses make the transition to the facility's nursing practice. By helping individuals make the transition to current nursing practice it is hoped that staff nurses will be retained.

The purpose of this study was to determine if a hospital-based nurse residency program implemented in 1987 in a 346 bed acute care hospital in Southern California was effective in retaining professional nurses in the acute care setting. Data came from the personnel records of 87 nurses hired by the hospital before and after implementation of a nurse residency program. Cross tabular analyses and chi-square statistics were used to analyze retention rates and reasons for termination between the two groups.

The study determined that the nursing residency program was not effective in retaining professional nurses. The program had the opposite effect — those who participated in the program had a higher turnover rate and terminated earlier. The program was revised in the fall of 1991 with recommended changes to help new graduates achieve the transition from student to professional.

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CHAPTER ONE

EVALUATION OF A NURSING RESIDENCY PROGRAM

Introduction

Today, recruitment and retention of professional nurses are crucial issues for every hospital department of nursing. Recognizing the necessity to bridge the gap that persists between nursing education and nursing services, hospitals have designed programs to assist new professional nurses or returning nurses make the transition to nursing practice. By helping these new nurses make the transition to the facility and its current nursing practice it is hoped staff nurses will remain employed at the facility. Entry into practice is stress evoking for many graduate professional nurses. These neophytes are educationally prepared to function only at a minimal level given the technology and acuity of illness that exists in today's acute care settings. As a result, frustration occurs. Inexperience and difficulty in achieving role performance expectations are some of the causes (Green, 1989; and Jairath, Castillo, Wallace, & Rudy, 1991). Programs to lessen the anxiety and frustrations common to new, inexperienced nursing personnel are being tried. Failure of new graduates to make a successful transition from education to practice often leads to burnout and attrition (Meisenhelder,

1981; Schempp and Rompre, 1968; Andersen, 1989; Fisher and Connelly, 1989; and Dufault, 1990).

In recent years, hospital departments of nursing have emphasized the need to assist novices make successful transitions into practice (Gardiner and Martin, 1985; Schempp and Rompre, 1986; Dufault, 1990; and Jairath, Costello, Wallace, and Rudy, 1991). Nurse residency programs, internships, and preceptor programs are rapidly being developed. The success of these programs will ultimately depend on the effectiveness of their outcomes. Many facilities have enhanced clinical orientation methodologies to decrease frustration for new graduate professional nurses. These programs assist novices transform their broad-based conceptual skills into clinically competent care delivery skills (Andersen, 1989; Andersen, 1991; Friesen & Conahan, 1980; Gerrish, 1990; Green, 1988; Jairath, Costello, Wallace, & Rudy, 1991; and Morrow, 1984). Internships and preceptor programs have emerged as a means to not only providing clinical orientation, but also to increase retention of new graduates. To ensure that these programs have the proper design, appropriate implementation, and provide the outcomes intended in a cost effective manner they must be evaluated.

The purpose of this study is to determine the effectiveness of a nurse residency program on retention of professional nurses in the acute care

setting. In June 1987 a 346 bed acute care hospital in Southern California instituted such a nurse internship program.

The research question addressed in this project is: Does the nurse residency program facilitate the retention of new professional nurses?

Significance of the Study

Nursing shortages are a recurring problem in health care. Recruitment and retention of nurses remain critical issues for every hospital-based nursing department. Nursing staff represents the largest single category of labor expense. At the beginning of the 1980s, nursing jobs were plentiful. By the end of the decade, however, the profession was facing the greatest shortage of practitioners in its history. Today, while the number of nurses on the market has improved, spot shortages still remain in critical care. Because the costs are still high for a hospital, successful recruitment and retention remain important objectives regardless of the supply of nurses available.

Technology is changing rapidly and the nurse's depth and breadth of practice has increased. Nurses not only perform historical aspects of patient care, but also must cope with the sophistication of advanced technology. The acuity level in today's patients is even higher than in the past, causing the nurse to experience additional frustration and anxiety. New nurse graduates are often unable to assume full patient care responsibilities upon entry into

practice (Schempp and Rompre, 1986; and Peirce, 1991). While the new nurse graduates may be educationally prepared and have a good theoretical base, they lack experience and the expertise in putting any theoretical concepts to work. When the new nurse graduates enter the job market, they are prepared to function only at a minimum level, but because of the nursing shortage, they are expected to function independently in a short time.

New nurse graduates often find themselves overwhelmed with the responsibilities and limitations of the real world. The dilemma of role adjustment for the new graduate nurse may lead to the discrepancy between the idealistic portrayal of the nurse's role in nursing school and the practical reality of doing nursing in the hospital (Green, 1988; Allanach and Jennings, 1990; and Shead, 1991).

One goal of a nurse residency program is to facilitate retention of new professional nurses. The large number of nurses who leave the profession has been blamed, in part, on the failure to introduce new graduates to the day-to-day reality of nursing (Lewison and Gibbons, 1980; Andersen, 1989; Gerrish, 1990; Nayak, 1991; Peirce, 1991; and Stachura & Hoff, 1990). It has been hypothesized that if new nurse graduates feel confident they should remain employed at the hospital. In this era of cost containment, recruitment and retention of qualified staff are critical issues with every hospital-based nursing department. Retention is critical since 24 to 61

percent of new graduate nurses leave their first job before their first anniversary of employment (McLean, 1987; Hamilton, Murray, Lindholm, and Myers, 1989; and Coeling, 1990). Orientation and training of new graduate nurses are costly. Many hospitals have recognized the need to bridge the gap between nursing education and nursing service in order to increase retention of new graduate nurses (Lewison and Gibbons, 1980; Meisenhelder, 1981; Allanach and Jennings, 1990; Default, 1990; Nayak, 1991). To lessen the feelings of frustration and anxiety, nurse residency programs, internships, and preceptor programs have been instituted in many of these hospitals to ease the transition into the facility's nursing practice and to promote retention of these new nurses. The question is whether these programs make a difference in retention.

CHAPTER TWO

LITERATURE REVIEW

Nurses have been accused of being a profession "who eat their young" (Stachura & Hoff, 1990). Other professions have used mentor or preceptor relationships for veteran and neophyte employees as a means of facilitating role transition and modeling desirable behaviors. Nursing did not adopt the concept until the 1960s (Lewison & Gibbons, 1980; Puetz, 1987). It was only then there was an acknowledgment that the dichotomy between education and service led to problems for new graduate nurses making the transition to the staff nurse role. The resulting outcomes of job dissatisfaction and attrition were only then recognized (Lewison and Gibbons, 1980; Schempp and Rompre, 1986). Both practice and education began the quest to determine what steps could be taken to ease the role transition from nursing student to staff nurse.

The dilemma of what can be done to facilitate professional role transition of new graduate nurses is addressed by published literature about programs developed for this purpose. There are many definitions and names for these programs: internship, residency, preceptor, and bicultural training programs. For the sake of clarity, nurse residency is used as the name of the program described in this study. The following review of the literature describes the theoretical framework used as a model for nurse residency

programs, the historical development of nurses' residency programs, program goals, program benefits, and program problems.

Reality Shock and Biculturalism

Reality shock occurs when an individual moves from a subculture in which she feels comfortable into a new subculture where she must function but was less competent and less comfortable (Kramer, 1974). According to Kramer (1974) the reality shock is the result of an inability to correlate the value systems of education and practice. New graduates react in several ways to this phenomenon. One is by resigning from employment as a means of escaping from a seemingly unbearable situation (Kramer, 1974; and Anderson, 1989).

The desirable resolution to reality shock, according Kramer (1974), is the attainment of biculturalism — the achievement of role transition and competence in the new work subculture while retaining values from the nursing school subculture. This is achieved when the new graduate is able to meld the values of nursing school with the values of the work setting (Shead, 1991). Kramer and Schalenberg (1977) stated that new graduates who participate in training programs, such as nurse residency programs, internships, or preceptor programs, were less likely to resign and more likely to perform well. The nursing role, developed as a result of professional socialization, is a process that cannot be provided by education (Green, 1988).

Preceptorships foster professional socialization of new graduates (Green, 1988; Stachura & Hoff, 1990). Preceptorship programs, nurse residency programs, and internships in nursing are believed to reduce reality shock, assisting new graduates deal with the socialization process and attainment of biculturalism (Andersen, 1989; Bizek & Oermann, 1990; Green, 1988; Lewison & Gibbons, 1980; Peirce, 1991; Schempe & Rompre, 1986; Stachura & Hoff, 1990).

It is believed by behavioral scientisits that achievement of biculturalism can be fostered by a training program for senior nursing students and new graduates. These new programs include a series of seminars and workshops designed to assist the neophyte to become bicultural (Kramer, 1974; Kramer & Schalenberg, 1977; Fisher & Connelly, 1989). The goal is to facilitate role transition and reduce the turnover rate of new graduate professional nurses.

Historical Development of Nurse Residency Programs

Nurse residency programs experienced their birth in the 1960s, but it was not until the 1970s that these programs were discussed in nursing literature (Schempp & Rompre, 1986). One reason for the sudden popularity of this topic may be attributed to the research conducted during this period by Kramer (1974) on the topic role transition by the novice nurse. A second reason may be increased program development stemming from the

realization by service organizations of the negative ramifications of new graduates' failure to achieve the transition from student to professional role.

Since the 1970's, nurse residency programs have had a steady growth in popularity. The literature, as described by Lewison and Gibbons (1980), identified the initial impetus and objectives of these programs as the desire to bridge the gap between student and professional role; to develop programs to supplement traditional orientations that were deemed as inadequate in preparing new graduates to perform at acceptable levels; to reduce new graduate job dissatisfaction, feelings of powerlessness, and high job turnover with its concomitant costs; and to facilitate the recruitment of nursing personnel to health care institutions.

Nursing literature abounds with references to role transition difficulties experienced by the novice nurse, having feelings of helplessness, powerlessness, frustration, job dissatisfaction, and resulting high job turnover rates (Hollefreund, Lewison & Gibbons, 1980; Mooney, Moore, & Jersond, 1981; Nayak, 1991; Schmalenberg & Kramer, 1976; Stachura & Hoff, 1990). As a result of these negative feelings, between 24 and 61 percent of new graduates leave their first nursing job before their first employment anniversary (Coeling, 1991; Hamilton, Murray, Lindholm, & Myers 1989; Hollefreund, Mooney, Moore, & Jersan, 1981; McLean, 1987).

These high turnover rates have provided the impetus to seek solutions through the development of programs to assist neophyte nurses cope with the syndrome called reality shock (Schmalenberg & Kramer, 1987; Bell, 1980; Hollefreund, Mooney, Moore, & Jersan 1981; Charron, 1982; Glennon, 1983; Gariner & Martin, 1985; Anderson, 1989; Stachura & Hoff, 1990; Peirce, 1991). Reality shock, according to Kramer (1974), is the discrepancy between values and behaviors learned in nursing school and those experienced in the work setting. Reality shock is cited as the main factor responsible for the exodus by new graduates from the profession of nursing. These high attrition rates and the difficulty in the role transition of graduates to effective clinical practitioners were responsible for the development of our nurse residency program.

Nurse Residency Program Goals

Though the gap between nursing education and nursing practice has been identified, explored, researched, and analyzed, the role transition from new graduate to practicing professional remains a traumatic one (Meisenhelder, 1981; Dufautl, 1990).

Role Transition

Nursing education, as well as nursing practice, has acknowledged the emotion laden experiences of new graduates as they attempt to reconcile the idealism of academia with the realities of nursing practice (Jairath, Costello,

Wallace, & Rudy, 1991). To address these phenomena, student preceptorships have been established as collaborative mechanisms between colleges and hospitals to facilitate new graduate socialization and role transition. Evaluations of these programs demonstrate improved role transition, reduced reality shock, and enhanced skill performance of the student nurses who participated in these programs (Anderson, 1979; Bell, 1980; Jairath, Costello, Wallace, & Rudy, 1991; Peirce, 1991).

In 1979, Schmalenberg and Kramer conducted a study of new graduate nurses to determine if a nurse residency program could facilitate the achievement of biculturalism and the resulting role transition in a target population. These researchers divided the 307 nurses who were involved in the study into two groups. One group received the traditional hospital orientation program while the second group participated in a role transition program. Evaluation at nine months and at one year after initiation of the program demonstrated not only increased role transition in the target group, but indicated that ninety percent of the biculturally trained nurses were still employed at the institution. In the second group only sixty percent of the nurses who underwent the traditional hospital orientation program remained at the facility.

After implementation of a program to ease the transition process, Allanach and Jennings (1990) concluded that nurse residency programs

remained important and necessary interventions to facilitate role transition in new graduate nurses. They also stated that easing the transition into the professional role may effectively reduce the premature exit of new nurses from the profession of nursing.

New Graduate Attrition

To address the high attrition rate among new graduate nurses many health care organizations have implemented nurse residency programs as a strategy to retain these novices to reduce their replacement cost. According to Wall (1988) the literature demonstrates the cost of replacing a registered nurse to be between $2,000 and $3,000 per nurse. Anderson (1989) cited the cost of recruiting and orienting one staff nurse ranged from $9,000 to $10,000 at a particular institution, and their cost of replacing new graduates exceeded $150,000 in 1987. Evaluation of a nurse residency program in this organization confirmed the success of the nurse residency program with a decrease in organizational expenditures for the replacement of new graduates from $150,000 in 1987 to $19,000 in 1988.

Another example of an organization with a high attrition rate was a 535-bed urban teaching hospital that experienced a thirty-six percent turnover rate of new graduates in 1976 (Hollefreund, Mooney, Moore, & Jersan, 1981). Researchers discovered a recurring theme of "job dissatisfaction" among the new graduates who worked within the

organization. To address this issue, the organization initiated a Reality Shock Program to combat the problem of job turnover. Following the program's implementation the organization experienced a dramatic increase in the retention of new graduates. Only thirteen percent of those who completed the first program and twenty-two percent of those who completed the second program left within their first year of practice (Hollegreund et al., 1981).

McLean (1987) found that one answer to reducing a consistently high turnover rate among new graduates at a particular facility was developing a program that would nurture these neophytes as they made the transition to professional practice. The use of staff preceptors reduced the new graduate resignation rate from sixty percent to zero in one year.

Kasprisin and Young (1981) described a nurse residency program that was implemented within their institution to facilitate role transition of new graduate nurses and thereby lower institutional cost by reducing absenteeism and turnover. Evaluation of the program found that the turnover rate of new graduates decreased from 23.9% to 11.9% after initiation of the program.

According to the literature, most conventional hospital orientation programs were consistently associated with new graduate turnover rates of more than 50% (Hamilton, Murray, Lindholm, & Myers, 1989). These

researchers conducted a study to determine if the use of preceptors, along with the hospital orientation program, would decrease the 55% turnover rate of the previous year's new graduate nurses. Results of the study showed significant differences in job satisfaction among the new graduates as measured by the Minnesota Satisfaction Questionnaire, as well as improved job retention.

Results of these research studies demonstrated that nurse residency programs were effective means of reducing reality shock and thereby facilitating the role transition from student to competent professional nurse. An additional benefit of the use of nurse residency programs cited in these studies was a substantial decrease in the attrition rate of new graduate nurses during their first year of practice.

Using a nurse residency model for new graduate orientation integrates well with Kramer's theory of reality shock and biculturalism (Wenland, 1989). The utilization of nurse preceptors facilitated the resolution of reality shock; qualified preceptors were a role model for bicultural behavior (Morrow, 1984).

Advantages of a Nurse Residency Model

The advantages and benefits of nurse residency programs were depicted throughout nursing literature from the 1970s to the 1990s. Examples of both new graduate and organizational benefits were clearly

cited. The following is a discussion of these benefits to new graduates and health care organizations.

New Graduate Benefits

Nurse residency programs evolved as a means to ease role transition from student nurse to staff nurse (Allanach & Jennings, 1990; Default, 1990; Jairath, Costello, Wallace, & Rudy, 1991; Morrow, 1984). This transition process was laden with feelings of frustration, fear, and anger, as the novice struggled to gain clinical competence and self-assurance (Allanach & Jennings, 1990). During this process, Anderson (1989) wrote, a state of normlessness existed in which the new graduate was neither a student nor a proficient nurse. Nurse residency programs help new graduate nurses work through feelings of disparity between what they learned in school and what they observed in the real world of nursing practice (Hollefreund, Mooney, Moore, & Jersan, 1981).

Morrow (1984) identified new graduate benefits as starting with the comprehensive, individualized orientation that program participants receive. Gradual assumption of a full patient load allowed the novice to learn the routines and practices of the institution with undue pressure. This approach reduced stress, thus enhancing learning. Continuity of an educational approach was achieved as one person provided a role model for skills and behavior appropriate to the organization.

Gardiner and Martin (1985) discussed aspects of nurse residency programs that they believed were advantageous to new graduates. Foremost was the higher level of productivity that was identified earlier in practice by those neophytes who participated in a nurse residency program. These programs also enhanced the development of leadership, management, and organizational skills in novices.

In a review of nurse residency programs in the nursing literature, Schempp and Rompre (1987) cited neophyte benefits that they found repeatedly identified by authors. Feelings of increased self-confidence and independence, enhanced problem-solving, priority-setting, self-reliance, and performance, and increased job satisfaction were recognized in new graduates who participated in nurse residency programs. Contrary to these findings, Peirce (1991) cited studies by Huber (1981) and Marchette (1984) that found no improvement in clinical performance in graduates who participated in a nurse residency program as compared to those who received a traditional orientation.

Allanach and Jennings (1990) reiterated the long recognized fact that nurse residency programs assisted in counteracting the feelings of disillusionment, frustration, and lack of self-assurance that characterized most new graduates as they cope with the transition from student to staff nurse. These authors concluded that nurse residency programs remained an

important and necessary intervention to facilitate integration and enactment of the professional role.

Organizational Benefits

The nursing literature has identified organizational benefits that result from using nurse residency programs for the orientation process of novice nurses. The most frequently cited organizational benefits are the financial impact of decreasing new graduate attrition, the enhanced level of competency and professionalism of the nursing staff, and the influence on retention and recruitment of qualified nursing staff in organizations with nurse residency programs.

Retention of New Graduates and Cost Effectiveness

Between 24% and 61% of new graduate nurses resign from their initial employer during their first year of employment (Coeling, 1990; Hamilton, Murray, Lindholm, & Myers, 1989; McLean, 1987). These attrition rates significantly affect the finances of health care institutions, as Jolma and Weller (1989) and Andersen (1989) pointed out, because the cost of recruiting and hiring one nurse has risen steadily during the past decade and ranges from $2,000 to as much as $10,000 per nurse. The cost of orienting one new employee, according to Hoffman (1986) (cited in Fisher and Connelly, 1989 & Wall, 1988) ranged from $1,500 to $3,000. It was widely recognized in the literature that nurse residency programs have been successful strategies to

decrease the turnover of new graduates within their first year in practice (Andersen, 1989; Hamilton, Murray, Lindholm, & Myers, 1989; McLean, 1987; Meisenhelder, 1981; Prior, Cottington, Kolski, and Shogan, 1990). Financial considerations encouraged many health care organizations to develop nurse residency programs to decrease the high rate of new graduate turnover and therefore reduce the costs of recruitment and training within the organization.

A series of researchers has identified the cost effectiveness of nurse residency programs over the years (Esson, 1986; McGrath and Princeton, 1987; McLean, 1987; Schmalenberg & Kramer, 1979; Shamian & Inhaber, 1983). Though there was a wealth of information about the success and benefits of nurse residency programs, few exact figures outlining program costs were found in the literature. The following are the only available figures in the literature for the cost of implementing a nurse residency program. In 1979, Schmalenger and Kramer (1979) calculated the cost of their bicultural training program to be $246.53 per graduate, which did not include the cost of the standard hospital orientation program. They projected that by implementing their program with all new graduates the attrition rate would decrease and thereby save the institution $32,613.88 over a five year period. Rufo (1983) predicted the cost of using the nurse residency model to orient one new graduate as $1,088.00. Craver and Sullivan (1985) stated

that the $8,200.00 orientation cost was cost effective if that nurse remained employed for at least two years. Kasprisin and Young (1985) forecasted that the cost for orienting one nurse was $900 to $1,000. McLean (1987) identified their program cost as approximately $1,425.00 per new graduate. They compared this with the $2,500.00 replacement cost of a registered nurse.

It is difficult to evaluate these nurse residency program costs because not all of these authors published specific breakdowns of their figures. It is not known if each author included the same items within their cost breakdowns. Nurse residency programs were different in length and internal structure, which influences the cost of each one. If nurse residency programs reduced attrition, as previously cited, they undoubtedly must result in cost benefits to their organization.

Staff Professionalism And Competency

Nurse residency programs not only counteracted job dissatisfaction and turnover of new graduates thereby reducing recruitment and orientation costs, they resulted in a higher level of competency and professionalism of the entire nursing staff. In a review of the literature, Schempp and Rompre (1986) noted that participation in nurse residency programs was reported to increase the novices' performance, technical skills, problem-solving ability, the number of patients that could be safely cared for, and coping ability and adaptive skills. Peirce (1991) cited that the use of nurse residency programs

helped neophytes to enhance skills and theoretical application, improve decision-making and priority setting, and assist with reinforcement and internalization of knowledge. The organizational benefit in all of this was improved quality of patient care.

Retention And Recruitment

Nurse residency programs enhance retention and recruitment of veteran nurses, noted Morrow (1984) by providing a professional environment that encouraged learning and opportunities for career growth. Because not all nurses aspired to pursue administrative roles, an organization that offered advancement opportunities for nurses who wished to remain at the bedside and recognition for clinical excellence had the potential for attracting a more professional nursing staff (Morrow, 1984).

The organizational benefits of nurse residency programs cited in the literature were not only financial in nature but included retention and recruitment of qualified nursing staff. Nurse residency programs were portrayed in the literature to be a cost effective method of assuring new graduates a clinical orientation that enhanced their skill development and decreased their turnover. The impact on professionalism, recruitment, and retention of veteran nurses that resulted from the existence of these programs was another stated benefit to an organization.

Though the majority of the literature cited positive benefits resulting from the use of nurse residency programs, several authors questioned the impact of these programs. Schempp and Rompre (1986) stated that although the majority of subjective data provided overwhelming evidence of the success of nurse residency programs, there continues to be a lack of valid and reliable evidence demonstrating their worth. Peirce (1991) noted that although student preceptorships were popular, studies of their benefits have mixed results. This author stated "Many of the studies are flawed and should be viewed with extreme caution" (p. 246).

Problems of Nursing Residency Programs

Multiple benefits of using nurse residency programs for the orientation of new graduates have been cited in the literature. Along with these benefits, problems also have been identified which impact program success.

Morrow (1984) identified potential problems and pitfalls that can influence the success of nurse residency programs. These included a lack of administrative support from either middle or top managers, lack of qualified preceptors, preceptor burn-out, poor preceptor-preceptee match, lack of staffing, failure to match work schedules of preceptor/preceptee, lack of program coordination, greater than a one-to-one ratio of preceptor to preceptee, and general institutional inflexibility and economics. Program problems identified by McGrath and Princeton (1987): include: (a) length of

the program was too short to meet the new graduates needs, (b) too many classes were included in the program, (c) too much new content was included in the program, and (d) weaning the preceptee from the preceptor was often traumatic for the new graduate. Stachura and Hoff (1990) cited that one disadvantage for the mentor was the amount of time required, and for the preceptee the adverse ramifications if the mentor was a negative role model.

Considering these observed problems and pitfalls of nurse residency programs, coordinators should be knowledgeable and vigilant to ensure the success of their program.

Summary

Reality shock in the new professional nurse results from a conflict between those values learned in school and those inherent in the workplace. The result of this phenomenon is often attrition within the first year in practice. The dramatic rises in the cost of recruiting and training registered nurses encouraged organizations to develop an effective and cost effective program to combat new graduate turnover, which was said to be as high as 61% in some organizations.

Nurse residency programs came into being in the 1960s to reduce attrition by socializing new graduates into the workplace and combating reality shock. These programs have proved to be an effective means to accomplish these aims while also providing a mechanism to increase

confidence and competence in the new graduate. This ultimately benefits the organization by increasing the professionalism of the institution and ultimately improving the quality of care.

CHAPTER THREE

METHODOLOGY

Statement of the Problem

In today's economic driven environment of health care, cost containment has emerged as a significant problem. It is vital, therefore, that the effectiveness of organizational programs be evaluated to ensure that they have the proper design, appropriate implementation, and provide the intended outcome of program objectives in a cost effective manner. Evaluation research is available as an important management tool to determine whether individual programs are producing benefits that justify their costs (Brink and Wood, 1989).

The purpose of this study is to determine the effectiveness of a nurse residency program on the retention of professional nurses in the acute care setting. In June 1987, a 346 bed acute care hospital in Southern California instituted a nurse residency program. The question addressed in this project was: Did the nurse residency program help facilitate the retention of new professional nurses?

Hypothesis

A nurse residency program increases the retention of new professional graduate nurses in the acute care setting.

Sample

The sample is all registered nurses employed by the hospital during the period between spring 1985 through the end of 1991, divided in two groups:

1) Pre-program Spring of 1985 through 1988, and

2) Post-program includes February of 1988 through 1991.

Sources of Data

The data were collected from the files of the employees maintained in the personnel office of the hospital. A total of 87 nurses had been hired during this period and was included in the study.

Research Design

A group comparison research design was used in this study. Data were collected from personnel files for each of the registered nurses in the sample. A database spreadsheet was designed to compile data from the personnel files. The data were analyzed using SPSS for Windows, a statistical software program. The analysis performed on the data included: Chi-square statistics on the variables that were measured on a nominal or ordinal scale, and t-tests on the variables that were measured on an interval scale. The significance level for all statistical tests was set a priori at 0.10 probability. It should be noted, however, that the cases in the study represent a

population of all nurses hired during the study period. As a population, all quantitative differences are real differences.

Operational Definition of Variables

The following operational definitions were used for the variables contained in the analysis data set. A complete description of them may be found in Appendix A.

1) Program participation—did the subject participate in the nurse residency program?
2) Date of hire—the date the nurse was hired.
3) Hours scheduled—was the nurse hired for part-time or full-time employment?
4) Sex—the biological gender of the subject.
5) Zip code—the geographical location of the subject's residence.
6) Age—the chronological age in years of the subject.
7) Marital status—was the subject single, married, divorced or widowed?
8) ethnic background — Caucasian, Hispanic, Black or Native American
9) Education level—highest level achieved, high school, junior college, or Bachelor's degree.

10) Prior related experience—did the subject have relevant experience before employment?

11) Termination date—was the subject terminated and if so, what was the actual date?

12) Reason for termination—why did the subject leave employment?

13) Age at hire—computed as the age of the nurse less the number of years working.

Additional Definitions

For purposes of this project, the following definitions are presented.

New Professional Nurse

A new professional nurse is any individual who is within one year of receiving a Baccalaureate Degree in nursing (Anonymous, 1987).

Nurse Residency Program

The nurse residency program is an individualized, precepted learning experience for the new professional nurse for 6 to 12 weeks. The time is dependent upon the individual's progress toward the established criteria. The goal for the professional nurse in the residency program is to effectively integrate into clinical nursing practice through an individualized precepted learning experience as an addition to the hospital and nursing orientation programs (Anonymous, 1987).

Clinical Preceptor

A clinical preceptor is a staff nurse who demonstrates expertise in the delivery of patient care; who knows what constitutes competent, safe practices consistent with hospital policies and procedures; and, who has participated in a clinical preceptor training program (Atwood, 1979; Morrow, 1984; Hitchings, 1989; and De Blois, 1991). Preceptors act as mentors to the new graduate nurse.

Human Subjects

When humans are used as the subject of research, great care must be taken to ensure that their rights are protected and that the research is conducted in an ethical and scientific manner (Polit and Hungler, 1991).

Anonymity and Confidentiality

Polit and Hungler (1991) pointed out that research subjects have the right to expect that any information collected during the study will be kept in strictest confidence and that the subject's privacy will be maintained. The method of data collection used assured anonymity and confidentiality. Nothing linked subjects to the information collected. In studies where anonymity was assured, confidentiality was also protected (Treece and Treece, 1982).

CHAPTER FOUR

RESULTS

Demographics of Survey Population

Seventy-one percent of the sample participated in the nurse residency program and 29 percent had not. Of all subjects included in the study, 53 percent were employed full-time and 47 percent were employed part time. Nearly all of the nurses were females (86%) and about half were married (54%). Caucasians were the majority of the study subjects (95%). There was 69 percent who had graduated from a Junior College and 31 percent from a four year program.

Of the total population, 14 percent were male and 86 percent were female (Table 1). Of males, 58 percent were in the 30-39 age group and 47 percent of the females also were in the 30-39 age group (Table 2).

Table-1. Age and Sex of Study Population

Age	Male	Female	Row %
19 - 29	1.1	9.2	10.3%
30 - 39	8.0	40.2	48.3%
40+	4.6	36.8	41.4%
Column %	13.8%	86.2%	100.0%
Cases	12	75	87

Table -2. Age by Sex of Study Population

Age	Male	Female	Row %
19 - 29	8.3%	10.7%	10.3%
30 - 39	58.3	46.7	48.3
40	33.3	42.7	41.4
Cases	12	75	87
Totals	100.0%	100.0%	100.0%
Mean Age	37.9	38.8	
	t-test	*df*	*sig.*
	-.35	85	.724

Characteristics of Program Participants

In this section, those nurses in the program and those not are compared for demographic characteristics. Although a higher percentage of those in the program was males (16%) than those not in the program (8%), there were no significant differences by gender in program participation

Table -3. Sex of Respondents by Program Participation

Sex	No Program	Program	Row %
Male	8.0%	16.1%	13.8%
Female	92.0	83.9	86.2
Totals	100.0%	100.0%	100.0%
Cases	25	62	87
	Chi-square	*df*	*sig.*
	.99012	1	.31971

(Table 3).

Persons not in the program tended to be older (52% were 40 years or older) than those in the program (59% were 39 years or younger) (Table 4). A

t-test of age between the program participation groups was not significant at

Table -4. Ages of Study Population by Program Participation

Age	No Program	Program	Row %
19 - 29	4.0%	12.9%	10.3%
30 - 39	44.0	50.0	48.3
40 +	52.0	37.1	41.4
Totals	100.0%	100.0%	100.0%
Cases	25	62	87
Mean Ages	40.5	38.0	
	t-test 1.29	df 85	sig. .201

the 0.10 level.

There were no significant differences in marital status and program participation (Table 5). More than half of both groups (56% and 53%) were

Table -5. Marital Status of Study Population by Program Participation

Marital Status	No Program	Program	Row %
Married	56.0%	53.2%	54.0%
Single	44.0	46.8	46.0
Cases	25	62	87
Totals	100.0%	100.0%	100.0%
	Chi-square .05520	df 1	Sig. .81424

married.

The nurses employed during this period were predominantly Caucasian (95%) (Table 6). The cell sizes for the other ethnic groups are too small to compute any statistic.

Table -6. Ethnicity of Study Population by Program Participation

Ethnicity	No Program	Program	Row %
Caucasian	92.0%	96.8%	95.4%
Hispanic	8.0		2.3
Black		1.6	1.1
Native American		1.6	1.1
Cases	25	62	87
Totals	100.0%	100.0%	100.0%
	Chi-square	*df*	*Sig.*
	na	na	na

Predominantly, those hired during the study period were graduates of a junior college (69%). Of those not in the program, 80 percent were junior college graduates and for program participants, the percentage was 65 (Table 7). A chi-square analysis showed that there was no statistically significant

Table -7. Education of Study Population by Program Participation

Education	No Program	Program	Row %
High School	16.0%	24.2%	21.8%
Junior College	80.0	64.5	69.0
Bachelors Degree	4.0	11.3	9.2
Cases	25	62	87
Totals	100.0%	100.0%	100.0%
	Chi-square	*df*	*sig.*
	2.19679	2	.33341

relationship between being in the program and education attained.

Those not in the program were much more likely to live within the immediate Hemet and San Jacinto area (84%) while those in the program

were more likely to live outside the community (44%) (Table 8). There is a

Table -8. Location of Home for Study Population by Program Participation

Location of Home	No Program	Program	Row %
Inside Hemet/ San Jacinto	84.0%	56.5%	64.4%
Outside Hemet/San Jacinto	16.0	43.5	35.6
Cases	25	62	87
Total	100.0%	100.0%	100.0%
	Chi-square	*df*	*sig.*
	5.89513	1	.01518

statistically significant difference in the percentages of the two groups.

The frequency distribution of the observed and estimated frequencies revealed no significant differences in the number of years worked and participation in the nurse residency program, $\chi^2(2, \underline{N} = 87) = 5.67071$, $\underline{p} > .05$. In the group that participated in the program, sixty-nine percent had worked for two or more years, while eighty-four percent of the group that had not participated had worked for more than two years. An independent sample t-test was used to determine if there were significant differences between the two groups in the number of years worked. Nurses who had not participated in the nurse residency program had worked a mean of 4.7 years, and nurses who had participated in the nurse residency program had worked a mean of 3.4 years, $t(37.41df) = 1.87$, $\underline{p} > .05$.

Table -9. Years Employed at Hospital by Program Participation

Employed	No Program	Program	Row %
0 - 1 years		19.4%	13.8%
1 - 2 years	16.0%	11.3	12.6
2 +yrs	84.0	69.4	73.6
Cases	25	62	87
Totals	100.0%	100.0%	100.0%
Means	4.7	3.4	3.7
	t-test	*df*	*sig.*
	1.87	37.41	0.070

Of those entering the program, 35% were under the age of 30 when hired (Table 10). The mean age at hiring of those in the two groups was 34

Table -10. Age at Which Hired by Program Participation

Age When Hired	No Program	Program	Row %
19 - 29 years	22.7%	35.1%	31.6%
30 - 39 years	63.6	42.1	48.1
40 + years	13.6	22.8	20.3
Cases	22	57	79
Total	100.0%	100.0%	100.0%
Mean Ages	34.3	33.6	33.8
	t-test	*df*	*sig.*
	.36	85	.717

years.

A larger percentage of participants in the program had only nurse aide experience (31%) than those who did not participate in the nurse residency program (4%) (Table 11). The difference between the two groups in their prior experience was statistically significant at the 0.001 level.

Table -11. Prior Experience of Study Population by Program Participation

Prior Experience	No Program	Program	Row %
Nurses' Aide	4.0%	30.6%	23.0%
LVN I	60.0	22.6	33.3
LVN II, IV cert.	20.0	9.7	12.6
Total	100.0%	100.0%	100.0%
Cases	25	62	87
	Chi-square	*df*	*sig.*
	17.04262	3	.00069

No significant differences were found between full and part time employment status and participation in the nurse residency program (Table 12). A slightly higher percentage (58%) of those within the program did work

Table -12. Work Schedule of Study Population by Program Participation

Work Schedule	No Program	Program	Row %
Full-time	40.0%	58.1%	52.9%
Part-time	60.0	41.9	47.1
Totals	100.0%	100.0%	100.0%
Cases	25	62	87
	Chi-square	*df*	*sig.*
	2.33325	1	.12664

full-time than did those not in the program (40%).

There were no large differences in level of education by program participation (Table 13). In both groups, the overwhelming majority had a high school or junior college education.

Table -13. Degree Received by Program Participation

Degree Received	No Program	Program	Row %
High School or Junior College	96.0%	88.7%	90.8%
Bachelor Degree	4.0	11.3	9.2
Totals	100.0%	100.0%	100.0%
Cases	25	62	87
	Chi-square	*df*	*sig.*
	na	na	na

The comparisons of program participants with others resulted in only two significant differences between the groups. Those in the program were more likely to live outside the immediate community and where more likely to have had prior experience only as a nurse's aide. Otherwise, the two groups are comparable.

On the decision to leave employment, the two groups are also similar. Of those not in the program, 40 percent left employment versus 34 percent of those in the program (Table 14)). Although program participant retention is slightly higher, there is no significant relationship between the decision to stay and program membership.

Table -14. Left Employment by Participation in Program

Terminated?	No Program	Program	Row %
Yes	40.0%	33.9%	35.6%
No	60.0	66.1	64.4
Totals	100.0%	100.0%	100.0%
Cases	25	62	87
	Chi-square	*df*	*sig.*
	.29180	1	.58907

The initial hypothesis was that there would be a higher retention rate among those in the program. The statistical null hypothesis of no difference in termination rates between the two groups cannot be rejected.

Analysis of Terminations

Previously, a difference was found in where persons in the program lived and where those who were not in the program lived. There is a 10 point difference between the percentage of those living in the community who terminated (32%) versus those living outside the community who terminated (42%) (Table 15). There is no statistically significant relationship however.

Table -15. Termination by Location of Home

Terminated	In Community	Outside Community	Row %
Yes	32.1%	41.9%	35.6%
No	67.9	58.1	64.4
Totals	100.0%	100.0%	100.0%
Cases	56	31	87
	Chi-square	*df*	*sig.*
	.83429	1	.36103

While the program and non-program groups were not statistically different in their age of hire or current age, there is the possibility that a difference in ages existed between those who left and those who did not. An independent sample t-test was performed on the two groups, terminated or not. No significant differences were found between the groups for mean age at which they were hired. The mean age at which hired for the group that had terminated was 33.5 and the mean age at which hired for the group that had not terminated was 33.9, $\underline{t}(85) = -21$, $\underline{p} = .833$. No significant differences were found in the current age between the groups; the mean current age for the group that had terminated was 38.9 and the mean current age for the group that had not terminated was 38.6, $\underline{t}(77.88) = 0.16$, $\underline{p} > 0.877$.

Significantly more males terminated than did females (Table 16). A 36 percent difference was found in termination between males and females.

Table -16. Cross tabulation of Termination by Gender

Terminated	**Male**	**Female**	**Row %**
Yes	66.7%	30.7%	35.6%
No	33.3	69.3	64.4
Column Total	100%	100%	100%
Cases	12	75	87
	Chi-square	*df*	*sig.*
	5.84544	1	.01562

A significant relationship was also found for marital status and termination (Table 17). Nearly half (45%) of those who were single

Table -17. Cross tabulation of Termination by Marital Status

Terminated	**Married**	**Single**	**Row %**
Yes	27.7%	45.0%	35.6%
No	72.3	55.0	64.4
Column Total	100%	100%	100%
Cases	31	56	87
	Chi-square	*df*	*sig.*
	2.83300	1	.09235

terminated compared to 28 percent of those who were married.

Although, the chi-square was not significant at the .05 level, high school graduates were almost twice as likely not to terminate than the college graduates

.Table -18. Cross tabulation of Termination by Educational Degree

Terminated	High School	Junior College	Bachelor's Degree	Row %
Yes	15.8%	40.0%	50.0%	35.6%
No	84.2	60.0	50.0	64.4
Totals	100.0%	100.0%	100.0%	100.0%
Cases	19	60	8	87
	Chi-square	*df*	*sig.*	
	4.48083	2	.10641	

Table -19. Cross tabulation of Terminated by Full or Part-time Work

Terminated	Full-time	Part-time	Row %
Yes	37.0%	34.1%	35.6%
No	63.0	65.9	64.4
Cases	46	41	87
Totals	100.0%	100.0%	100.0%
	Chi-square	*df*	*sig.*
	.07464	1	.78469

Participants who had not terminated had more prior experience than did the participants who had terminated. The chi-square was not significant at the .05 level. Table 20 displays the percentages and chi-square for the cross tabulation for prior related experience by termination.

Table -20. Cross tabulation for Prior Related Experience by Termination

Prior Experience	Terminated	Not Terminated	Row %
None	41%	59%	31%
Nurses' Aide	25	75	23
LVN I	45	55	33
LVN II, IV Certified	18	82	13
Column Total	100%	100%	100%
Cases	31	56	87
	Chi-square	*df*	*sig.*
	3.82255	3	.28127

An independent sample t-test indicated that the group that did not terminate worked significantly longer The group that terminated worked for fewer years ($\underline{M}$ = 2.2) years and the group that did not terminate worked

Table -21. Cross tabulation for Number of Years Worked by Termination

Years Worked	Terminated	Not Terminated	Row %
0-1	100%	0%	14%
1-2	36	64	13
2+	23	77	74
Column Total	100%	100%	100%
Cases	31	56	87
Mean years	2.3	4.6	
	t-test	*df*	*sig.*
	-4.34	85	.000

longer ($\underline{M}$ = 4.6) years, $\underline{t}(85) = -4.34$, $\underline{p} < .01$.

Those who leave employment were found to be more likely to be single males and somewhat more likely to have a Bachelor's degree. No other characteristics, age, age at hire, work time, or previous experience were found to be related to staying or leaving.

Reasons for Termination

Reasons for leaving employment can be both voluntary and involuntary. In this section, an analysis is done of the reasons persons gave for leaving employment. Table 22 arrays reasons given for leaving employment by program status. Whereas none of those leaving who had not been in the program gave job dissatisfaction or being terminated by the hospital as a reason, 37 percent of those in the program did (24% dissatisfied and 14% fired). Relocation or personal/family reasons were given by 60 percent of non-program leavers compared to only 24 percent of leavers from the program.

Table -22. Reason for Leaving by Program Participation

Reason	Not Program	Program	Row %
Relocation	30.0%	19.0%	22.6%
Personal/Family	30.0	4.8	12.9
Better Opportunity	10.0	19.0	16.1
Job Dissatisfaction		23.8	16.1
Terminated by Hospital		14.3	9.7
Went to Another Hospital	20.0	14.3	16.1
Left Due To Illness	10.0	4.8	6.5
Totals	100.0%	100.0%	100.0%
Cases	10	21	31

The different reasons given for leaving may be classified into two types: personal or family and job related. Table 23, below, compares those in the program, and not, by the collapsed reasons. Whereas 70 percent of those not in the program gave a family or personal reason, 71 percent of those in

the program gave a job related reason or were terminated by the hospital. There is a statistically significant relationship between whether a person was in the program and the type of reason given for termination, with program

Table -23. Personal versus Job Related Terminations by Program Participation

Reason	No Program	Program	Row %
Personal or Family	70.0%	28.6%	41.9%
Job Related	30.0	71.4	58.1
Total	100.0%	100.0%	100.0%
Cases	10	21	31
	Chi-square	*df*	*sig.*
	4.77491	1	.02888

participants more likely to cite the job as the reason.

Whereas males were equally divided in their reasons for leaving, a

Table -24. Reasons for Termination by Gender

Reason	Male	Female	Row %
Personal or Family	50.0%	39.1%	41.9%
Job Related	50.0	60.9	58.1
Total	100.0%	100.0%	100.0%
Cases	8	23	31
	Chi-square	*df*	*sig.*
	na	na	na

majority of the females (61%) gave job-related reasons.

Marital status is not related to reasons given for leaving (Table 25). More than half of both married and single employees gave job-related reasons for termination.

Table -25. Reason for Leaving by Marital Status

Reason	Married	Single	Row %
Personal or Family	46.2	38.9	41.9
Job Related	53.8	61.1	58.1
Total	100.0%	100.0%	100.0%
Cases	13	18	31
	Chi-square	*df*	*sig.*
	.16362	1	.68585

An analysis of the frequency distribution revealed no significant differences between observed and expected frequencies for age category and

Table -26. Reason for Leaving by Age at Termination

Reason	19 - 29	30 - 39	40	Row %
Personal or Family	33.3%	28.6%	57.1%	41.9%
Job Related	66.7	71.4	42.9	58.1
Total	100.0%	100.0%	100.0%	100.0%
Cases	3	14	14	31
	Chi-square	df	sig.	
	na	na	na	

reason for termination.

While there is some evidence that the job as a reason for leaving increases with increasing education, the number of high school educated and Bachelor's trained persons who left is too small to make a determination.

Table -27. Reason for Leaving by Education

Reason	High School	Junior College	Bachelor's	Row %
Personal or Family	100.0%	37.5%	25.0%	41.9%
Job Related		62.5	75.0	58.1
Total	100.0%	100.0%	100.0%	100.0%
Cases	3	24	4	31
	Chi-square	*df*	*sig*	
	na	na	na	

There is a significant relationship between whether a person lives in the Hemet community or not and their reasons for leaving (Table 28). Among those living outside the community, 77 percent gave job related reasons for

Table -28. Reason for Leaving by Local/Non-local

Reason	In Hemet	Outside Hemet	Row %
Personal or Family	55.6%	23.1%	41.9%
Job Related	44.4	76.9	58.1
Total	100.0%	100.0%	100.0%
Case	18	13	31
	Chi-square	*df*	*sig.*
	3.27007	1	.07055

termination.

No clear pattern emerges whether prior experience is related to reasons given for leaving.

Table -29. Reason for Leaving by Prior Work Experience

Reason	None	Nurses' Aide	LVN I	LVN II	Row %
Personal or Family	36.4%	40.0%	53.8%		41.9%
Job Related	63.6	60.0	46.2	100.0%	58.1
Total	100.0%	100.0%	100.0%	100.0%	100.0%
Cases	11	5	13	2	31
	Chi-square	*df*	*sig.*		
	na	na	na		

Small cell frequencies do not permit interpretation of the chi-square statistic for the relationship between the reason for leaving and age at termination (Table 30). There is some evidence from the table that the younger nurses (aged 39 or less) are more likely to leave for job related

Table -30. Reason for Leaving by Age at Termination

Reason	19 - 29	30 - 39	40 +	Row %
Personal or Family	33.3%	28.6%	57.1%	41.9%
Job Related	66.7	71.4	42.9	58.1
Total	100.0%	100.0%	100.0%	100.0%
Cases	3	14	14	31
	Chi-square	*df*	*sig.*	
	na	na	na	

reasons than older nurses (aged 40+ years).

Since the age at which a person terminates is a function of the age at which they were hired and their length of employment, Table 31 presents the cross-tabulation of reason for leaving by age when hired. The cells were two small in frequency to permit interpretation of the chi-square statistic, but the

table does suggest that there is a positive relationship between age and reason. The older the nurse was at the age of hire, the more likely a job

Table -31. Reason for Leaving by Age at Which Hired

Reason	19 - 29	30 - 39	40 +	Row %
Personal or Family	50.0%	41.2%	33.3%	41.9%
Job Related	50.0	58.8	66.7	58.1
Total	100.0%	100.0%	100.0%	100.0%
Cases	8	17	6	31
	Chi-square	df	sig.	
	na	na	na	

related reason is given for leaving.

There is no significant relationship between the reason for leaving and whether the person was working full or part-time (Table 32). Part-time workers are only slightly more likely to cite a personal or family related

Table -32. Reason for Leaving by Full-time or Part-time

Reason	Full-time	Part-time	Row %
Personal or Family	41.2%	42.9%	41.9%
Job Related	58.8	57.1	58.1
Total	100.0%	100.0%	100.0%
Case	17	14	31
	Chi-square	*df*	*sig.*
	.00891	1	.92481

reason while full-time nurses are more likely to cite a job related reason.

In the group that terminated and worked for two or more years, one-third (33%) stated that relocation was the reason for termination, and in the

group that worked from one to two years, twenty-five percent gave relocation as their reason for termination. In the group that terminated and worked less than one year, one-third (33%) stated that job dissatisfaction was the reason for termination, and in the group that worked for one to two years, only twenty-five percent gave job dissatisfaction as their reason for

Table -33. Cross tabulation of Reason Given for Termination by Number of Years Worked

Reason	**0- 1 yrs.**	**1 - 2 yrs.**	**2 + yrs.**	**Row Total**
Personal or Family	8.3%	25.0%	73.3%	41.9%
Job Related	91.7	75.0	26.7	58.1
Total	100.0%	100.0%	100.0%	100.0%
Cases	12	4	15	31
	Chi-square	*df*	*sig.*	
	na	na	na	

termination.

Summary

The nurse residency program did not facilitate retention of nurses. In fact, for the nurses that terminated, it had just the opposite effect. Other analyses were performed to examine factors that may contribute to termination. Males were more likely to terminate than females, and the group that did not terminate worked longer than the group that did terminate.

The only significant difference between the groups that participated in the nurse residency program was prior related experience. The group that

did not participate had more prior training than the group who did participate in the nurse residency program.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The nurse residency program did not increase retention of nurses. For nurses who had participated in the program; it appeared to have the opposite effect of leading to earlier voluntary termination. No important demographic differences were found between those who were hired prior to the residency program and those after, but among the residency program participants, there was a greater likelihood to terminate for reasons of employment. One possibility why is that participants in the program perceived themselves to be more competent nurses and were so viewed by competing employers.

The original residency program was loosely structured. Program Development believed that it would allow individual managers and units to tailor the program to meet their own specific needs. The result was not what was intended.

A task force, composed of post-program graduates, preceptors, nurse managers, nurse educators, and directors recommended changes that would provide structure and standardization; the program was revised in the fall of 1991. Heath (1991) outlines the new revision:

The Residency Program for Professional Nurses will be offered two (2) times a year, in February and July after State Board Examination.

Additional programs will be offered, as needed, for four (4) or more graduates. A resident nurse must work a minimum full time equivalent (FTE) of 0.8 in a two (2) week pay-period while in the residency program. Each residency program will be a minimum of six (6) weeks and a maximum of twelve (12) weeks in length, depending on individual needs of program participants.

All interim permittees and registered nurses who are hired within their first year after graduation will be brought to the attention of the residency program facilitator by the professional recruiter and the nurse manager within 7 days of notification of intent to hire, to ensure follow-up and evaluation for entry into the residency program.

The resident nurse will complete a minimum of four (4) weeks on the day shift before being transferred to their assigned shift. These 4 weeks will exclude days off for state board examination, review classes, and hospital residency program orientation. The nurse will not be included in staffing during these first four weeks in the residency program. The resident nurse will be evaluated by the nurse manager and clinical preceptor before going to their assigned shift to develop an on-shift orientation plan based on the individuals learning needs. After the resident nurse goes to shift, their performance and need for further orientation will be monitored by the nurse manager, clinical preceptor, shift supervisor, and residency program facilitator. The resident nurse will be evaluated by the residency program

facilitator, nurse manager, and clinical preceptor at the end of sex weeks to determine their readiness to graduate from the program. If the resident nurse has unresolved learning needs at the end of six weeks she/he may continue in the program for a maximum of twelve weeks. A plan will be formulated by the nurse manager and program facilitator to address the unresolved learning needs of the resident nurse.

Each resident nurse will be assigned a clinical preceptor on the day shift, before their start of practice, to serve as a role model and resource, and to provide guidance, support, and evaluation throughout the residency period. Schedules of the resident nurse will be matched with their clinical preceptor's and will include weekends, during their first four weeks on the d day shift. When the residency nurse goes to the assigned shift, an on-shift clinical preceptor will be assigned to provide continued guidance and support during the residency period. Clinical preceptors will not float off their assigned units while they are precepting a resident nurse. The resident nurse will share the clinical preceptor's assignment for the first four weeks in the program and will gradually assume care of the patients until she/he is safely and competently caring to the entire patient assignment under the supervision of the clinical preceptor. Planning for the resident nurse's clinical experiences during the first four weeks of the program should be accomplished in two phases. The initial phase should concentrate on patient

care delivery with emphasis on organization of a patient assignment and competent professional practice at the bedside. The second phase should emphasize leadership skills utilized as a registered nurse. The resident nurse will not float off their assigned unit until they have completed the residency program and have received their RN License.

All resident nurses will attend a program orientation session. At this time they will complete a learning needs assessment, and develop a learning contract with their clinical preceptor. Formalized learning experiences, including a skill's lab, will be presented during a weekly two hour session for the first four weeks of the program. These sessions are mandatory for all resident nurses and are open to all hospital personnel.

Learning modules of generic and unit specific objective/skills will be completed by the resident nurse during the program. Generic modules will assist the resident nurse to acquire basic knowledge and skills applicable to all registered nurses. Unit specific modules will address knowledge and skills that are specific to individual nursing units. Mandatory resident nurse support group meetings will be held for 45 minutes each week following the scheduled learning session. Clinical preceptor support group meetings will be held for 45 minutes every two weeks during each residency program. The purpose is to provide preceptor guidance and support and to form a core group for ongoing program development, problem-solving, and evaluation.

Preceptor training workshops will be offered a minimum of two times each year. All preceptors must attend this workshop, as well as a mandatory biannual class to review program changes and update preceptoring skills (pp. 2-6).

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APPENDIX A

DATA CODEBOOK

File d:\csusb\gradprog\thesis\bird\bird_1.sav
Label File Created Via Get Translate
Created: 18 Sep 93 14:26:34 - 21 variables and 87 cases
File Type: SPSS Data File
N of Cases: 87
Total # of Defined Variable Elements: 21
Data Are Not Weighted
Data Are Compressed
File Contains Case Data

Variable Information:

Name	Variable	Category Labels
ID	ID Number Format: F2	
PARTIC	Program Participant Format: F1 Value	 Label
	1 2	No Yes
HIREDATE	Date of Hire Format: ADATE10	
HASWORKE	Years worked Format: F8.2	
DATETERM	Date of Termination Format: ADATE10	
TERMED	Termination Format: F1 Value	 Label
	1 2	Yes No
HIREAGE	Age at which hired Format: F8	

SCHED	Employment Status Format: F2 Value	Label
	1 2	Full-Time Part-Time
SEX	Sex Format: F1 Value	Label
	1 2	Male Female
ZIPCODE	Residence Zip Code Format: F5	
INOUT	In out of Hemet Format: F8 Value	Label
	1 2	Inside Hemet/ San Jacinto Outside Hemet/San Jacinto
BTHDATE	Birth Date Format: ADATE10	
AGE	Current Age Format: F8	
MARITAL	Marital Status Format: F1 Value	Label
	1 2	Married Single
ETHNIC	Ethnicity Format: F1 Value	Label
	1 2 3 4 5	Caucasian Hispanic Asian/Pacific Islander Black Native American
EDUC	Education Format: F1 Value	Label
	1 2 3 4	High School Junior College Bachelors Degree Graduate Degree

PRIOREXP	Related Prior Experience Format: F1 Value	 Label
	1 2 3 4	None Nurses' Aide LVN I LVN II, IV certified
TERMWHY	Reason for Termination Format: F2 Value	 Label
	1 2 3 4 5 6 8	Relocation Personal/Family Better Opportunity Job Dissatisfaction Terminated by Hospital Went to Another Hospital Left Due To Illness
AGECAT	Age Categories Format: F1 Value	 Label
	1 2 3	19 - 29 30 - 39 40
WORKCAT	Years Worked Categorized Format: F1 Value	 Label
	1 2 3	0 - 1 years 1 - 2 years 2 - 3 years
DEGREED	Bachelors Degree Format: F8 Value	 Label
	1 2	High School or JC Bachelor Degree